

# Application for Employment

## With the State of Washington, Department of Natural Resources

Contact Us:  
[www.dnr.wa.gov](http://www.dnr.wa.gov)  
[DNRrecruiting@wadnr.gov](mailto:DNRrecruiting@wadnr.gov)  
360.902.1150

### Part 1. General Information

Please review all questions carefully before preparing your application.

Position (Job Title)				Recruitment Announcement Number	
Name (last, First and Middle Initial)				Social Security Number (Optional)	
Mailing Address (Include apartment number, if any)		E-mail Address		Home Telephone	
City	County	State	Zip	Work/Message Telephone	
<b>Employment Status</b>					
Are you currently a Department of Natural Resources employee?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, Permanent <input type="checkbox"/> Yes, Non-permanent					
Are you currently a State of Washington employee?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, Permanent <input type="checkbox"/> Yes, Non-permanent					
What agency:					
<b>Employment Preferences:</b>					
Are you willing to travel as part of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Schedule</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Non-Permanent (C) <input type="checkbox"/> Tandem (Shared) <input type="checkbox"/> Project <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call					

### Part 2. BACKGROUND INFORMATION

If a driver's license or other license, certificate, or registration is required for this position, please complete the following			Other than English, what languages do you speak, read, or write fluently? _____		
License, Certificate, or Registration	License Number	Expiration Date	Have you been convicted of a misdemeanor or felony within the past ten (10) years? (Answering yes will not automatically bar you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License					
CDL					
Other					
(Indicate other type)					

### Part 3. Education and Training

Have you graduated from high school or passed the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No							
List college, business school, military training, and other <b>relevant</b> education.							
School Name and Location	Month and Year Attended From and To	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	/						
	/						
2	/						
	/						
3	/						
	/						
4	/						
	/						
5	/						
	/						

## Part 4. Employment History

This section must be completed in order to receive full credit. You may use this form for both volunteer and paid experience. \*For volunteer work, 174.3 hours equals one month of experience. If you need more spaces, see next page. Please begin with your most recent employer.

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From      /      To      /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:					
2. Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From      /      To      /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:					
3. Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From      /      To      /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:					
4. Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From      /      To      /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:					
5. Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From      /      To      /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:					

## Part 5. Date and Signature

Note: If submitting electronically a signature is not required. By submitting your materials via e-mail you are indicating that all information is true and correct to the best of your knowledge.

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Date (Month/Day/Year)

Signature:

/      /

## Part 5. Affirmative Action and Veteran's Information

When applying for positions with the Department of Natural Resources we request your voluntary cooperation in responding to an online applicant profile questionnaire. This information is confidential and is for reporting purposes only. Please visit: <http://www.surveymonkey.com/s.asp?u=905811603129> to complete the questionnaire.

**Note:** To qualify and receive veteran's preference, you must attach a copy of the discharge, DD214 or NGB Form 22 with your application.

## Part 4. Employment History (Continued)

6. Employer		Employer's Address		Employer's Phone Number		
Your Title		Months & Years Employed in this Position From       /       To       /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:						
7. Employer		Employer's Address		Employer's Phone Number		
Your Title		Months & Years Employed in this Position From       /       To       /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:						
8. Employer		Employer's Address		Employer's Phone Number		
Your Title		Months & Years Employed in this Position From       /       To       /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:						
9. Employer		Employer's Address		Employer's Phone Number		
Your Title		Months & Years Employed in this Position From       /       To       /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:						
10. Employer		Employer's Address		Employer's Phone Number		
Your Title		Months & Years Employed in this Position From       /       To       /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:						
11. Employer		Employer's Address		Employer's Phone Number		
Your Title		Months & Years Employed in this Position From       /       To       /		Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised	
Specific Duties:						